Does simulation, clinical performance, group projects, and other interactive learning improve student’s progression to mastery of core concepts in mental health with first year undergraduate nursing students? Undergraduate nursing students play pivotal therapeutic roles in the care of patients suffering from mental illness. Their recognition of presenting symptoms and use of evidenced-based treatment to the care of patients suffering from mental illness are represented in an array of clinical settings, thus undergraduate students need to develop competence, compassion, and judicial understanding of presenting symptoms. Moreover, core concepts linked to relatedness, vulnerability, and integrity are difficult to master from a lecture based teaching format. Educators must employ a variety of teaching methods to assess and evaluate students’ competency of these core concepts. To improve student progression to mastery with core concepts in mental health through simulation, clinical performance, and interactive journaling with Undergraduate Nursing students in their first year of nursing school.

**ABSTRACT**

A pilot project was designed for implementation for 2 consecutive semesters: Students enrolled in NURS 1510 and NURS 3111 course are introduced to core concepts through reading materials, lecture, and presentations. Students had the opportunity to demonstrate understanding of the core mental health concepts in a simulation day offered once both semesters, weekly clinical performances, on 4 unit exams and a final exam in the course. Students were evaluated during clinical performance over a 10-week course during weekly debriefings and submitted weekly self-reflective journals. At the end of the 15-week semester, students complete an efficacy survey at the end of each course which measured their perceived knowledge, their commitment to use the new skills in practice, and their opinion of the value of the assignment. Written comments regarding student’s perceived learning both valued and non-valued comments were also evaluated. Interactive learning for undergraduate comprehension of core concepts, was measured using the Likert scale. Creation of a scale of efficacy was used to determine impact of knowledge, impact to practice, and student opinion. Percentages of perceived value were aggregated and compared between the two classes to determine learning experience impact.

**METHOD**

Findings presented were based on student’s Likert scale of efficacy and self-reflective journaling. Aggregated components of undergraduate ASN and BSN nursing students who have participated in the identified interactive and their perceived comprehension of mental health concepts were shared. Students ranked their perceived benefit of each interactive learning experience in the Likert scale. They also ranked each activity in order of effectiveness. Students benefit from the opportunity to meet patients independently without supervision (Manninen et al., 2012).

**RESULTS**

I feel so sorry now for patients who have to live with this…” (student 2, 2016)

**CONCLUSIONS**

At present, we have not found enough evidence to support comparing need of clinical activities versus caring-based activities increased learning in first year MH nursing students. What we found was that each approach facilitated a type of learning. For example, as we discussed earlier, students learn caring through activities that support relationship building. Those relationships motivate them to become more clinically competent. Students seek clinical experiences that allow them to apply recently learned skills. They gain insight and confidence as they deal with complex problems and make decisions in the clinical environment (Manninen, 2012).

**REFERENCES**


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